



**EMPLOYEE APPEAL OF HIGH RISK SETTING DETERMINATION (COVID-19 Vaccination Exemption)**

Pursuant to San Francisco Health Officer Order No. C19-07y, the Safer-Return-Together Health Order (“Health Order”), employees who routinely work in “High Risk Settings” [e.g., general acute care hospitals, skilled nursing facilities (including subacute facilities), intermediate care facilities, residential care facilities for the elderly, homeless shelters, and state and local correctional facilities and detention centers] must be fully vaccinated against COVID-19.

Personnel who are permanently stationed or regularly assigned to work in High-Risk Settings must be fully vaccinated by September 15, 2021. This includes personnel who work in buildings at a site containing a High-Risk Setting, such as a campus or other similar grouping of related buildings, where personnel do any of the following: (i) access the acute care or patient, resident, client, or incarcerated person areas of the high-risk setting; or (ii) work in-person with patients, residents, clients, or incarcerated people who visit those areas.

Personnel who are not permanently stationed or regularly assigned to a High-Risk Setting, but who in the course of their duties may enter or work in High-Risk Settings even on an intermittent or occasional basis or for short periods of time, are nevertheless considered to routinely work onsite in High-Risk Settings under the terms of the Health Order. Businesses and governmental entities with such personnel are strongly urged to ensure that such personnel are fully vaccinated by September 15, 2021, and are required to do so by October 13, 2021.

City policy must comply with this public Health Order, and will also require all other City employees to receive a vaccination within 10 weeks of FDA approval of any COVID-19 vaccine

An exemption may be granted if you believe your position does not fall within the High-Risk Setting criteria of the Health Order.

**Instructions:** Complete and submit this form to your supervisor for review.

<b>DSW#</b>	
<b>Name</b>	
<b>Job Code</b>	
<b>Working Job Title</b>	
<b>Department</b>	
<b>Work Location</b>	

**Briefly explain why your position does not fall within the High-Risk Setting criteria of the Health Order:**

Click here to enter text.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**Supervisor Approval**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

**Approve**       **Deny**

**Supervisor's Comments:**

Click here to enter text.

If your request is denied by your supervisor, you may resubmit this form to your department head for review.

**Department Head Approval** (only required if supervisor denies request)

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**Department Head Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approve**       **Deny**

**Department Head's Comments:**

Click here to enter text.

If your request is denied by your Department Head, you may resubmit this form to the Department of Human Resources for review.

**Department of Human Resources Approval** (only required if supervisor and department head deny request)

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**Department of Human Resources Designee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approve**       **Deny**

**DHR Designee's Comments:**

Click here to enter text.